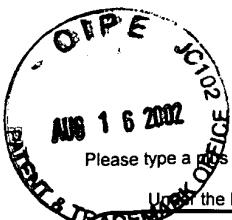


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number. (Optional) 220022001720																																		
	In re Application of <b>Harold S. BERNSTEIN and Shaun R. COUGHLIN</b>																																			
	Application Number <b>09/757,049</b>	Filed <b>January 8, 2001</b>																																		
	For <b>METHODS AND COMPOSITIONS FOR REGULATING CELL CYCLE PROGRESSION</b>																																			
	Group Art Unit <b>1636</b>	Examiner <b>K. Davis</b>																																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 70%; text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ <u>400.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ <u>TECH CENTER 1600/2900</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>03-1952</b>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</td> </tr> <tr> <td colspan="2"> <p>I am the <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.            Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).            Registration number if acting under 37 CFR 1.34(a) _____.</p> </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 10px;"> <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> <u>August 16, 2002</u>            Date            08/20/2002 SZENDIEI 00000095 031952 09757049            01 FC:116 400.00 CK         </td> <td style="text-align: center; padding: 5px;">             Signature  <b>Catherine M. Polizzi, Reg. No. 40,130</b>            Typed or printed name         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.         </td> </tr> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>400.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>TECH CENTER 1600/2900</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		<input type="checkbox"/> A check in the amount of the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>03-1952</b> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		<p>I am the <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.            Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).            Registration number if acting under 37 CFR 1.34(a) _____.</p>		<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			<u>August 16, 2002</u> Date 08/20/2002 SZENDIEI 00000095 031952 09757049 01 FC:116 400.00 CK		 Signature <b>Catherine M. Polizzi, Reg. No. 40,130</b> Typed or printed name	<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		
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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

6

Application Number

09/757,049

Filing Date

January 8, 2001

First Named Inventor

Harold S. BERNSTEIN

Group Art Unit

1636

Examiner Name

K. Davis

Attorney Docket No.

220022001720

### ENCLOSURES (check all that apply)

Fee Transmittal Form + duplicate for fee processing - 2 pages

Assignment Papers  
(for an Application)

After Allowance Communication to Group

Fee Attached

Drawing(s)

Appeal Communication to Board of Appeals and Interferences

Amendment / Reply - 2 pages

Licensing-related Papers

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

After Final

Petition

Proprietary Information

Affidavits/declarations

Petition to Convert to a Provisional Application

Status Letter

Extension of Time Request - 1 page

Power of Attorney, Revocation  
Change of Correspondence Address

Other Enclosure(s) (please identify below)

1. Return Receipt Postcard

Express Abandonment Request

Terminal Disclaimer

RECEIVED

AUG 21 2002

Information Disclosure Statement

Request for Refund

TECH CENTER 1600/2900

Certified Copy of Priority Document(s)

Remarks

Response to Missing Parts/  
Incomplete Application

CD, Number of CD(s) \_\_\_\_\_

Response to Missing Parts  
under 37 CFR 1.52 or 1.53

### SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

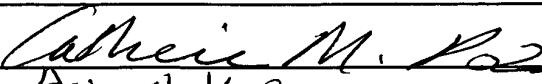
Firm

Morrison & Foerster LLP, 755 Page Mill Road, Palo Alto, California 94304-1018

or  
Individual Name

Catherine M. Polizzi, Reg. No. 40,130

Signature

  
August 16, 2002

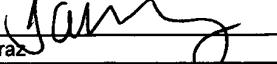
Date

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Tamara Alcaraz

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# FEET TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**

**(\$ 400.00)**

Complete if Known	
Application Number	09/757,049
Filing Date	January 8, 2001
First Named Inventor	Harold S. BERNSTEIN
Examiner Name	K. Davis
Group Art Unit	1636

**RECEIVED**

<b>METHOD OF PAYMENT</b>						<b>FEE CALCULATION (continued)</b>				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <b>03-1952</b> Deposit Account Name <b>Morrison &amp; Foerster LLP</b>						3. ADDITIONAL FEES AUG 21 2002 Large Fee Code Entity Fee (\$) Small Fee Code Entity Fee (\$) Fee Description TECH CENTER 1600/2900 Fee Paid				
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other						105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for ex parte reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 400 216 200 Extension for reply within second month 117 920 217 460 Extension for reply within third month 118 1,440 218 720 Extension for reply within fourth month 128 1,960 228 980 Extension for reply within fifth month 119 320 219 160 Notice of Appeal 120 320 220 160 Filing a brief in support of an appeal 121 280 221 140 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1,280 241 640 Petition to revive - unintentional				
<b>FEE CALCULATION</b>										
1. <b>BASIC FILING FEE</b>										
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid					
101	740	201	370	Utility filing fee						
106	330	206	165	Design filing fee						
107	510	207	255	Plant filing fee						
108	740	208	370	Reissue filing fee						
114	160	214	80	Provisional filing fee						
<b>SUBTOTAL (1) (\$ 0)</b>										
2. <b>EXTRA CLAIM FEES</b>										
Total Claims	65	- 65** =	0	Extra Claims x Fee from below =	Fee Paid					
Independent Claims	10	- 10** =	0	x 84 =	\$ 0					
Multiple Dependent 280 = \$ 0										
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid					
103	18	203	9	Claims in excess of 20						
102	84	202	42	Independent claims in excess of 3						
104	280	204	140	Multiple dependent claims, if not paid						
109	84	209	42	**Reissue independent claims over original patent						
110	18	210	9	**Reissue claims in excess of 20 and over original patent						
<b>SUBTOTAL (2) (\$ 0)</b>										
** or number previously paid, if greater; For reissues, see above.						*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3) (\$ 400.00)</b>				

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Catherine M. Polizzi	Registration No. (Attorney/Agent)	40,130	Telephone	(650) 813-5651
Signature				Date	August 16 2002

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